


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90149 026 ****61.25

DOCUMENT # 751035	
1. Entity Name THE BREAKERS ASSOCIATION V, INC.	

Principal Place of Business Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082	Mailing Address Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082
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02142008 Chg-NP CR2E037 (12/06)

City & State	City & State	4. FEI Number 59-2125726	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CONNOLLY, C P ASSOCIATION MNGT OF PONTE VEDRA 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082	7. Name and Address of New Registered Agent Name C.P. CONNOLLY Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082 L Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered agent and accepting the obligations of registered agent.

SIGNATURE **C.P. Connolly** **C.P. CONNOLLY** **CHM** **4-24-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KELLEY, LARRY 308 N RIDGE RD LITTLE ROCK, AR 72207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FANNIN, MELVIN 625-D PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SAMIHAN, MAHAMED DR PO BOX 56554 JACKSONVILLE, FL 32241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **MEL FANNIN** **MEL FANNIN** **4/29/08** **285-9894**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #